



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



CONFIRMATION NO. 1417

Bib Data Sheet

| | | | | |
|-----------------------------|--|--------------|------------------------|---------------------------------------|
| SERIAL NUMBER 10/620,651 | FILING OR 371(c) DATE 07/16/2003 RULE | CLASS 514 | GROUP ART UNIT 1646 | ATTORNEY DOCKET NO. 4341.224-US |
|-----------------------------|--|--------------|------------------------|---------------------------------------|

APPLICANTS

Jan Markussen, Herlev, DENMARK;
 Ib Jonassen, Valby, DENMARK;
 Svend Havelund, Bagsvaerd, DENMARK;
 Jakob Brandt, Bronshoj, DENMARK;
 Peter Kurtzhals, Brookline, MA;
 Per Hertz Hansen, Lyngby, DENMARK;
 Niels Christian Kaarsholm, Vanlose, DENMARK;

** CONTINUING DATA *****

This application is a CON of 09/861,687 05/21/2001 PAT 6,620,780 which is a DIV of 08/932,082
 09/17/1997 PAT 6,251,856
 which is a CON of PCT/DK96/00107 03/18/1996
 which is a CIP of 08/448,210 05/23/1995 ABN

Okay be 2/1/07

** FOREIGN APPLICATIONS *****

DENMARK 0276/95 03/17/1995

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/21/2003

| | | | | |
|---|-----------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | STATE OR COUNTRY DENMARK | SHEETS DRAWING 3 | TOTAL CLAIMS 19 | INDEPENDENT CLAIMS 7 |
| 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature <i>Egon Ersbøll</i> Initials <i>fe</i> | | | | |

ADDRESS

23650

TITLE

Insulin derivatives

| | | |
|-----------------------------|---|---|
| FILING FEE RECEIVED 1086 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|-----------------------------|---|---|